Case 22-11715-JDW Doc 7 Filed 07/21/22 Entered 07/21/22 12:50:12 Desc Main Document Page 1 of 37

| Fill in this info | rmation to identify your | case: | | |
|---------------------|--------------------------|-------------------|----------------|-----------------------|
| Debtor 1 | Michael E. Duval | | | |
| | First Name | Middle Name | Last Name | I |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | 22-11715 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| Par | t 1: Summarize Your Assets | | |
|------|---|--------------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 217,720.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 71,166.44 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 288,886.44 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 235,992.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 59,755.00 |
| | Your total liabilities | \$ | 295,747.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,696.60 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,686.33 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other scl | nedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | box and s | ubmit this form to |
| Offi | cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information | 1 | page 1 of 2 |

page 1 of 2

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Debtor 1 Michael E. Duval

Case number (if known) 22-11715

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| \$ 5,730.82 |
|----------------|
| |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | Document | Page 3 of 37 | | | |
|---|---|--------------------------------|--------------------|-------------|--|
| Fill in this information to identify your case and t | this filing: | | | | |
| Debtor 1 Michael E. Duval | | | | | |
| First Name Midd Debtor 2 | dle Name | Last Name | | | |
| | dle Name | Last Name | | | |
| United States Bankruptcy Court for the: NORTHE | RN DISTRICT OF MIS | SISSIPPI | | | |
| Case number | | | | г | Check if this is ar |
| | | = | | _ | amended filing |
| | | | | | |
| Official Form 106A/B | | | | | |
| Schedule A/B: Property | | | | | 12/15 |
| hink it fits best. Be as complete and accurate as possit information. If more space is needed, attach a separate shaswer every question. Part 1: Describe Each Residence, Building, Land, or O | sheet to this form. On the | e top of any additional pages, | | | |
| Do you own or have any legal or equitable interest in | | | | | |
| _ | any recidence, sanamy, | rana, or cilinal property. | | | |
| No. Go to Part 2. | | | | | |
| Yes. Where is the property? | | | | | |
| | | | | | |
| 1.1 | What is the property | ? Check all that apply | | | |
| 9862 Victor Drive | Single-family h | nome | | | s or exemptions. Put |
| Street address, if available, or other description | Duplex or mult | - | | | laims on Schedule D: Secured by Property. |
| | Condominium | or cooperative | | | |
| | | or mobile home | Current value of | of the | Current value of the |
| Olive Branch MS 38654-0000 | Land | | entire property | | portion you own? |
| City State ZIP Code | ☐ Investment pro☐ Timeshare | operty | \$217,7 | | \$217,720.00 |
| | Other | | (such as fee si | mple, tenan | r ownership interest cy by the entireties, or |
| | | in the property? Check one | a life estate), if | known. | |
| DeSoto | ■ Debtor 1 only □ Debtor 2 only | | | | |
| County | Debtor 1 and I | Debtor 2 only | — Chaals if th | | unite announce to |
| | ☐ At least one of | f the debtors and another | (see instructi | | unity property |
| | Other information ye property identification | ou wish to add about this item | , such as local | | |
| | property identification | on namper. | | | |
| | | | | | |
| | | | | | |
| Add the dollar value of the portion you own f pages you have attached for Part 1. Write tha | | | | | \$217,720.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Deb | tor 1 M | ichael E. D | uval | 3.5 | Case number (if known) | 22-11715 |
|-----------------------|---|---|---|--|--------------------------------------|--|
| 3. C a | ars, vans, | trucks, tract | ors, sport utility ve | hicles, motorcycles | | |
| | | , | , , | • | | |
| | No | | | | | |
| | Yes | | | | | |
| 3.1 | Make: | Ford | | Who has an interest in the property? Check one | Do not deduct sec | ured claims or exemptions. Put |
| 3.1 | Model: | F-150 | | _ | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2015 | | ■ Debtor 1 only □ Debtor 2 only | | |
| | | nate mileage: | 113000 | Debtor 1 and Debtor 2 only | Current value of entire property? | the Current value of the portion you own? |
| | Other inf | ormation: | | ☐ At least one of the debtors and another | | |
| | | | | ☐ Check if this is community property (see instructions) | \$20,077 | 7.50 \$20,077.50 |
| Ex Part Do y 6. He | No Yes dd the do ages you Descrit you own o cousehold fixamples: | oats, trailers, Illar value of have attache or Your Perso or have any le goods and f Major applian | the portion you ow ed for Part 2. Write the nal and Household Ite egal or equitable into | terest in any of the following items? | cle accessories g any entries for | \$20,077.50 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Yes. De | scribe | | | | |
| | | | Household Furn | nishings | | \$1,000.00 |
| E | | including cell | | eo, stereo, and digital equipment; computers, pr nedia players, games | rinters, scanners; music c | ollections; electronic devices |
| | | | | | | |
| | | | Laptop | | | \$150.00 |
| | | | | | | |
| E | | Antiques and other collection | figurines; paintings, ons, memorabilia, co | prints, or other artwork; books, pictures, or othe llectibles | er art objects; stamp, coin, | or baseball card collections; |
| E | xamples: | for sports ar Sports, photo musical instru | graphic, exercise, an | nd other hobby equipment; bicycles, pool tables, | , golf clubs, skis; canoes | and kayaks; carpentry tools; |

☐ Yes. Describe.....

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| Debtor 1 | Michael E. D | Duval | | Case number (if known) | 22-11715 |
|--|---------------------|--|---|--------------------------------|--|
| 10. Firear <i>Exam</i> □ No | | es, shotguns, ammunition, and r | related equipment | | |
| Yes | . Describe | | | | |
| | | Handgun | | | \$300.00 |
| | | | | | |
| | | Two shotguns valued at | t \$300 each | | \$600.00 |
| | | | | | |
| | | youth rifle | | | \$150.00 |
| ☐ No | | lothes, furs, leather coats, desiç | gner wear, shoes, accessories | | |
| | | Clothing | | | \$100.00 |
| Exam No Yes 14. Any o No Yes 15. Add | . Give specific inf | nd household items you did n | not already list, including any he art 3, including any entries for p | | \$2,950.00 |
| | escribe Your Finan | ncial Assets legal or equitable interest in a | any of the following? | | Current value of the |
| Do you o | wil of have any i | egal of equitable litterest in a | any of the following: | | portion you own? Do not deduct secured claims or exemptions. |
| □ No | | have in your wallet, in your hon | me, in a safe deposit box, and on | hand when you file your petiti | on |
| | | | | Cash | \$20.00 |
| | | | unts; certificates of deposit; share with the same institution, list each | | nouses, and other similar |
| | | | Institution name: | | |
| | | 17.1. Checking-6151 | Navy Federal | | \$155.01 |

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| Debtor 1 | Michael E. Duv | al | | Case number (if known) 22-11715 | |
|-----------------------------|--|------------|--|--|-----------------|
| | | 17.2. | Savings-4787 | Navy Federal | \$0.00 |
| | | | | | |
| | | 17.3. | Checking-0897 | USAA | \$613.18 |
| | | | | | |
| | | 17.4. | Checking-4265 | USAA | \$0.00 |
| | | | | | |
| | | 17.5. | Savings-4257 | USAA | \$3.01 |
| | | 17.6. | Basic Draft Account-6001 | FedEx Credit Union | \$0.00 |
| 10. 5 | | | | | |
| | ls, mutual funds, or բ <i>nples:</i> Bond funds, inv | | | ge firms, money market accounts | |
| ■ No | S | | Institution or issuer name | 9: | |
| | | c and | | d and unincorporated businesses, including an interest in an LLC, pa | rtnershin and |
| joint | venture | N allu | miceresis in incorporate | d and difficorporated businesses, including an interest in all ELO, pa | rtilership, and |
| ■ No | s Give specific inform | nation | about them | | |
| | s. Cive specific inform | | ne of entity: | % of ownership: | |
| Neg | otiable instruments inc | lude p | ersonal checks, cashiers | e and non-negotiable instruments c' checks, promissory notes, and money orders. to someone by signing or delivering them. | |
| ■ No | . Cius anasitis intann | _4: | ala a | | |
| □ re: | s. Give specific informa | | uer name: | | |
| | ement or pension ac mples: Interests in IRA | | |), thrift savings accounts, or other pension or profit-sharing plans | |
| Yes | s. List each account se | • | ely. of account: | Institution name: | |
| | | ر 401(k | | Vanguard | \$11,502.31 |
| | | • | <u>, </u> | | |
| | • | TSP | | Thrift Savings Plan | \$35,845.43 |
| Your <i>Exar</i> ■ No | mples: Agreements wit | eposit | s you have made so that | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies, or others | |
| ☐ Yes | 5 | | | Institution name or individual: | |
| _ | ities (A contract for a | perio | dic payment of money to | you, either for life or for a number of years) | |
| ■ No □ Yes | s Issue | r nam | e and description. | | |
| 26 U.S | ests in an education I S.C. §§ 530(b)(1), 529 | | | ied ABLE program, or under a qualified state tuition program. | |
| ■ No □ Yes | s Institu | ution r | name and description. Se | parately file the records of any interests.11 U.S.C. § 521(c): | |

Case 22-11715-JDW Doc 7 Filed 07/21/22 Entered 07/21/22 12:50:12 Page 7 of 37 Document Case number (if known) 22-11715 Debtor 1 Michael E. Duval 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

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| Deb | tor 1 | Michael E. Duval | | Case number (if known) | 22-11715 |
|--------------|----------------------|---|-----------------------------|---------------------------|-------------------------|
| 36. | | he dollar value of all of your entries from Part 4, includin art 4. Write that number here | | es you have attached | \$48,138.94 |
| Part | 5: De: | scribe Any Business-Related Property You Own or Have an Inter | rest In. List any real esta | ate in Part 1. | |
| 37. [| o you o | own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | Go to line 38. | | | |
| Part | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. | Do you | ı own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | ■ No. | Go to Part 7. | | | |
| | ☐ Yes | . Go to line 47. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| ı | <i>Examp</i> ■ No | have other property of any kind you did not already list bles: Season tickets, country club membership Give specific information | ? | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$217,720.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$20,077.50 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$2,950.00 | | |
| 58. | Part 4 | 1: Total financial assets, line 36 | \$48,138.94 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$71,166.44 | Copy personal property to | stal \$71,166.44 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$288,886.44 |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|----------------|--------------------------------------|
| Debtor 1 | Michael E. Duval | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | 22-11715 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions | are you claiming | ? Check one only. | even if your s | spouse is filing with y |
|----|-------------------------|------------------|-------------------|----------------|---------------------------|
| | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | - | | | |
|--------------------------------------|---|-----------------------|--|--|
| Current value of the portion you own | Amount of the exe | emption you claim | Specific laws that allow exemption | |
| Copy the value from Schedule A/B | Check only one bo | x for each exemption. | | |
| \$217,720.00 | . | \$75,000.00 | Miss. Code Ann. § 85-3-21 | |
| | | | to | |
| \$20,077.50 | | \$1,805.50 | Miss. Code Ann. § 85-3-1(a | |
| | | | | |
| \$1,000.00 | | \$1,000.00 | Miss. Code Ann. § 85-3-1(a | |
| | | | | |
| \$650.00 | | \$650.00 | Miss. Code Ann. § 85-3-1(a | |
| | | | | |
| \$150.00 | . | \$150.00 | Miss. Code Ann. § 85-3-1(a | |
| | | | | |
| | \$217,720.00 \$217,720.00 \$217,720.00 \$20,077.50 \$1,000.00 | \$217,720.00 | Check only one box for each exemption. \$217,720.00 \$75,000.00 100% of fair market value, up to any applicable statutory limit \$1,000.00 \$ | |

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| Debto | or 1 Michael E. I | Duval | | | Case number (if known) | 22-11715 | | |
|-------|---|--|--------------------------------------|---|---|-----------------------------|--|--|
| | Brief description of the Schedule A/B that list | ne property and line on ss this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exem | | | | |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | |
| | Handgun ine from Schedule | A/B⁺ 10.1 | \$300.00 | | \$300.00 | Miss. Code Ann. § 85-3-1(a) | | |
| _ | and none conseque | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Clothing ine from Schedule | Λ/R· 11 1 | \$100.00 | | \$100.00 | Miss. Code Ann. § 85-3-1(a) | | |
| _ | The Horn Goriedale 775. TTT | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| - | Cash Line from Schedule A/B: 16.1 | | \$20.00 | | \$20.00 | Miss. Code Ann. § 85-3-1(a) | | |
| _ | ane nom <i>schedule</i> : | AV D. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | 101(k): Vanguard | | \$11,502.31 | 11,502.31 ■ \$11,502.31 | | Miss. Code Ann. § 85-3-1(e) | | |
| | and nom denedule | A/D. 2 111 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | SP: Thrift Savin | | \$35,845.43 | | \$35,845.43 | Miss. Code Ann. § 85-3-1(e) | | |
| _ | ane nom <i>schedule</i> : | AVD. 21.2 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | | | n of more than \$189,05 | | led on or after the date of adjustmen | ıt.) | | |
| Ì | ■ No | Ž | | | | | | |
| | ☐ Yes. Did you a | cquire the property cove | red by the exemption wi | ithin 1 | ,215 days before you filed this case? | ? | | |
| | ☐ No | , | • | | • | | | |
| | ☐ Yes | | | | | | | |

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| | | Document Pa | ιge 11 (| of 37 | | | | |
|---------------------------------|--------------------------------|---|-------------|---|--|-----------------------|--|--|
| Fill in this info | rmation to identify you | r case: | | | | | | |
| Debtor 1 | Michael E. Duva | | | | | | | |
| | First Name | Middle Name Last | t Name | | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last | t Name | | | | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT OF MISSIS | SIPPI | | | | | |
| Case number | 22-11715 | | | | | | | |
| (if known) | | | | | ☐ Check | ☐ Check if this is an | | |
| | | | | | amend | led filing | | |
| Official Fo | rm 106D | | | | | | | |
| Schedule | D: Creditors | Who Have Claims Sec | cured | by Property | y | 12/15 | | |
| | the Additional Page, fill it o | f two married people are filing together, bout, number the entries, and attach it to this | | | | | | |
| • | rs have claims secured by | vour property? | | | | | | |
| ` | • | nis form to the court with your other sche | dules Voi | ı have nothing else t | n report on this form | | | |
| _ | | · | duics. Too | Thave nothing clac to | o report on this form. | | | |
| Yes. Fill | in all of the information I | pelow. | | | | | | |
| Part 1: List | All Secured Claims | | | O-luma A | Ontropin D | 0-1 | | |
| | | nore than one secured claim, list the creditor s | | Column A | Column B | Column C | | |
| | | a particular claim, list the other creditors in Pacal order according to the creditor's name. | art 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion | | |
| | | · · | | value of collateral. | claim | If any | | |
| 7 1 | I Finance enmuehle Mtg | Describe the property that secures the cl | aim· | \$217,720.00 | \$217,720.00 | \$0.00 | | |
| Creditor's Na | | 9862 Victor Drive Olive Branch, 38654 DeSoto County | | , | | | | |
| Attn: Ba | nkruptcy | • | | | | | | |
| | rate Dr. Ste 360 | As of the date you file, the claim is: Check apply. | all that | | | | | |
| Lake Zu | rich, IL 60047 | Contingent | | | | | | |
| Number, Stre | eet, City, State & Zip Code | ☐ Unliquidated | | | | | | |
| | | ☐ Disputed | | | | | | |
| Who owes the | debt? Check one. | Nature of lien. Check all that apply. | | | | | | |
| Debtor 1 only | | An agreement you made (such as mortg | age or secu | red | | | | |
| ☐ Debtor 2 only | | car loan) | | | | | | |
| Debtor 1 and | • | ☐ Statutory lien (such as tax lien, mechanic | c's lien) | | | | | |
| At least one of | of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| ☐ Check if this community | claim relates to a debt | Other (including a right to offset) | | | | | | |

Opened 04/19 Last Active

Date debt was incurred 5/16/22

Last 4 digits of account number

6511

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| Debtor 1 Michael E | Interiaci Zi Zavar | | | | Case number (if known) 22-11715 | | | | | |
|---|---|---|----------|-----------|---------------------------------|--------|--|--|--|--|
| First Name | Middle N | lame Last Name | | | | | | | | |
| 2.2 Navy FCU | | Describe the property that secures the cla | aim: \$ | 18,272.00 | \$20,077.50 | \$0.00 | | | | |
| Creditor's Name | | 2015 Ford F-150 113000 miles | | | | | | | | |
| Attn: Bankrup Po Box 3000 Merrifield, VA | - | As of the date you file, the claim is: Check apply. Contingent | all that | | | | | | | |
| Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | | | | | |
| Who owes the debt? | Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | | | | | |
| ■ Debtor 1 only □ Debtor 2 only | | An agreement you made (such as mortgage or secured car loan) | | | | | | | | |
| Debtor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | | | |
| At least one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | | | | | | |
| Check if this claim re community debt | elates to a | Other (including a right to offset) | | | | | | | | |
| Date debt was incurred | Opened 11/19 Last Active 5/31/22 | Last 4 digits of account number | 9171 | | | | | | | |
| | | | | | | | | | | |
| Add the dollar value o | f your entries in (| Column A on this page. Write that number he | ere: | \$235,992 | 2.00 | | | | | |
| If this is the last page Write that number her | | the dollar value totals from all pages. | | \$235,992 | | | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Document | Page 13 | 3 of 37 | |
|---|---|--|----------------------------------|--|---|
| Fill in this info | ormation to identify your o | case: | | | |
| Debtor 1 | Michael E. Duval | | | | |
| Bostor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF M | IISSISSIPPI | | |
| Casa numbar | 00 44745 | | | | |
| Case number | 22-11715 | | | | ☐ Check if this is an |
| , | | | | ' | amended filing |
| | | | | | 5 |
| Official Fo | rm 106E/F | | | | |
| Schedule | E/F: Creditors W | ho Have Unsecured | Claims | | 12/15 |
| Schedule G: Exe Schedule D: Cre left. Attach the C name and case r | ecutory Contracts and Unexpi ditors Who Have Claims Secu | ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re | Do not include needed, copy t | ontracts on Schedule A/B: Property (arceditors with partially secured c he Part you need, fill it out, number t lo not file that Part. On the top of any | laims that are listed in he entries in the boxes on the |
| 1. Do any cred | ditors have priority unsecured | d claims against you? | | | |
| ■ No. Go to | o Part 2. | | | | |
| ☐ Yes. | | | | | |
| — 103. | | | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any cred | ditors have nonpriority unsec | ured claims against you? | | | |
| ☐ No. You | have nothing to report in this pa | art. Submit this form to the court with | your other sche | dules. | |
| Yes. | | | | | |
| 4. List all of younsecured of | laim, list the creditor separately | for each claim. For each claim liste | d, identify what t | holds each claim. If a creditor has mo ype of claim it is. Do not list claims alrea three nonpriority unsecured claims fill o | dy included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Amex | (| Last 4 digits of ac | count number | 1673 | \$5,803.00 |
| • | ority Creditor's Name | | | One med 04/00 Leet Active | |
| | espondence/Bankruptc ox 981540 | y When was the deb | t incurred? | Opened 01/08 Last Active 6/13/22 | |
| | so, TX 79998 | Wildli Was the ass | t mountou. | 0/10/22 | |
| Numbe | r Street City State Zip Code | As of the date you | file, the claim i | s: Check all that apply | |
| Who in | curred the debt? Check one. | | | | |
| Deb | otor 1 only | ☐ Contingent | | | |
| ☐ Deb | otor 2 only | ☐ Unliquidated | | | |
| ☐ Deb | otor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At le | east one of the debtors and ano | other Type of NONPRIO | RITY unsecured | l claim: | |
| ☐ Che | eck if this claim is for a comn | nunity | | | |
| debt Is the c | claim subject to offset? | Obligations arisi report as priority cla | | ration agreement or divorce that you did | not |
| ■ No | | ☐ Debts to pension | n or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | | Other. Specify | Credit Card | | |

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Debtor 1 Michael E. Duval Case number (if known) 22-11715 4.2 Citibank Last 4 digits of account number 8069 \$7,553.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/11 Last Active P.O. Box 790034 When was the debt incurred? 5/23/22 St Louis, MO 63179 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.3 **Discover Financial** Last 4 digits of account number 7444 \$15,665.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/13 Last Active Po Box 3025 When was the debt incurred? 3/01/22 New Albany, OH 43054 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Navy FCU** Last 4 digits of account number 1882 \$10,983.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/21 Last Active Po Box 3000 When was the debt incurred? 4/29/22 Merrifield, VA 22119 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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| Debtor | 1 Michael E. Duval | | Case number (if known) 22-11715 | | | | | |
|--------|---|---|---|-------------|--|--|--|--|
| 4.5 | USAA Federal Savings Bank | Last 4 digits of account number | 3413 | \$16,136.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 9800 Fredericksburg Road San Antonio, TX 78288 | When was the debt incurred? | Opened 07/18 Last Active 5/23/22 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | Contingent | | | | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured ☐ Student loans | \square Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Unsecured | | | | | | |
| 4.6 | Usaa Savings Bank | Last 4 digits of account number | 9014 | \$3,439.00 | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | Opened 07/19 Last Active 4/20/22 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | | |
| 4.7 | USAA Savings Bank Nonpriority Creditor's Name | Last 4 digits of account number | 3084 | \$176.00 | | | | |
| | P.O. Box 47504 San Antonio, TX 78265 | When was the debt incurred? | Opened 07/10 Last Active 6/20/22 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ☐ Yes | ■ Other. Specify Unsecured | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Michael E. Duval Case number (if known) 22-11715

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

| | | | | | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| monn r art r | | • | | Ψ | |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 59,755.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 59,755.00 |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|----------------|--------------------------------------|
| Debtor 1 | Michael E. Duval | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | 22-11715 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the c | ontract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---------------------|------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | - | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

| Fill in this | information to identify your | case: | | | |
|---|--|--|--|--|---|
| Debtor 1 | Michael E. Duval | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | _ | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRIC | T OF MISSISSIPPI | | |
| Case numb | per 22-11715 | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | l Form 106H | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| our name | and case number (if known) | . Answer every question | 1. | | o of any Additional Pages, write |
| Arizona ■ No. □ Yes 3. In Column line Form 2 | 2 again as a codebtor only if | Nevada, New Mexico, Posse, or legal equivalent livors. Do not include you that person is a guara | re with you at the time? re spouse as a codebtor ntor or cosigner. Make s | ngton, and Wisconsin.) if your spouse is filing sure you have listed th | y states and territories include g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zl | P Code | | Column 2: The cre | editor to whom you owe the debt |
| 3.1 | Name Number Street City | State | ZIP Code | Schedule D, line Schedule E/F, I Schedule G, line | e |
| 3.2 | Name | | | Schedule D, line Schedule E/F, I Schedule G, lin | ine |
| | Number Street City | State | ZIP Code | _ | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

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| =:11 | in this information to identify your o | | | | | | | | | |
|-------------------------|---|-------------------------------|--|------------------|-----------------|--------------------|----------------------|----------------------|------------------------------------|-------------------|
| | in this information to identify your cotor 1 Michael E. I | | | | | | | | | |
| Deb | otor 2 use, if filing) | Juvui | | | | | | | | |
| | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF MISSISSIPPI | | | | | | | |
| Cas | ee number <u>22-11715</u> | | - | | | □ A | | ed filing ent sho | wing postpetition | |
| \bigcirc | fficial Form 106I | | | | | 10 | 3 income | as of th | ne following date: | |
| | chedule I: Your Inc | om o | | | | M | M / DD/ \ | YYYY | | 12/15 |
| sup _l spo | is complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your sp th you, do not include | ouse i inforr | s livi natio | ng with n about | you, incl your sp | ude inf ouse. If | formation about f more space is | t your needed, |
| 1. | Fill in your employment | | | | | | | | | |
| | information. | | Debtor 1 | | | | | | n-filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | | ☐ Empl | • | ed | |
| | employers. | Occupation | Meteorologist | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Federal Express (| Corpo | ratio | on | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Payroll Services 30 FedEx Pkwy 2nd Fl Horiz Collierville, TN 38 | 017 | | | | | | |
| | | How long employed the | here? 3 years | | | | _ | | | |
| Par | Give Details About Mor | nthly Income | | | | | | | | |
| spou | mate monthly income as of the duse unless you are separated. u or your non-filing spouse have me | | , | | • | · | | • | · | J |
| | e space, attach a separate sheet to | | | 01 411 0 | про | y 0.0 10. | indi poroi | J. 1 O. 1 | io iiiloo bolow. Ii | you 1100u |
| | | | | | | For Deb | otor 1 | | Debtor 2 or -filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$_ | 5, | 730.82 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$_ | | 0.00 | +\$ | N/A | - |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$_ | 5,73 | 30.82 | \$ | N/A | |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1 | Michael E. Duval | = | Case | number (if known) | 22-11715 | | |
|-----|---------------------------|---|------------|-----------|-------------------|--------------------|---------------------|----------------|
| | | | | For | Debtor 1 | For Debt | or 2 or g spouse | |
| | Cop | by line 4 here | 4. | \$ | 5,730.82 | \$ | N/A | |
| 5. | List | t all payroll deductions: | | | | | | |
| 0. | 5a. | | 5a. | \$ | 858.10 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 160.76 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: MetLegal | 5h.+ | \$_ | 15.36 | + \$ | N/A | |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 1,034.22 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,696.60 | \$ | N/A | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | | 8b. | \$_ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | Ф | | Φ. | | |
| | 04 | settlement, and property settlement. | 8c. 8d. | \$_ \$ | 0.00 | \$ | N/A | |
| | 8d. 8e. | . , . | 8e. | \$ | 0.00 | \$ | N/A N/A | |
| | 8f. | Other government assistance that you regularly receive | | Ψ_ | 0.00 | Ψ | IN/A | |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | |
| | _ | Specify: | _ 8f. | \$_ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$_ | 0.00 | | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | — | 0.00 | + \$ | N/A | - |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | | 4,696.60 + \$ | N/ | A = \$ | 4,696.60 |
| | | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ΙΟ. Φ | | 1,030.00 | 14/ | <u> </u> | 4,030.00 |
| 11. | Sta Incl othe Do | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify: | depen | | • | ed in <i>Sched</i> | lule J. 1. +\$ | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | a, if it | 2. \$ | 4,696.60 |
| | | | | | | | Combin monthly | ed / income |
| 13. | Do | you expect an increase or decrease within the year after you file this form No. | ? | | | | | |
| | _ | Yes, Explain: | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | tion to identify yo | our case: | | | l | | |
|------|----------------------------|--|----------------|---|--|--------------|----------------------------------|---|
| | otor 1 | Michael E. D | | | | Ch | eck if this is: An amended filir | ng. |
| 1 | otor 2 ouse, if filing) | | | | | | A supplement sh | nowing postpetition chapter of the following date: |
| Unit | ted States Bankr | uptcy Court for the: | NORTH | IERN DISTRICT OF MIS | SISSIPPI | | MM / DD / YYYY | , |
| 1 | se number 22 nown) | 2-11715 | | | | | | |
| 0 | fficial Fo | rm 106J | | | | • | | |
| | | J: Your I | | | | | | 12/1 |
| info | ormation. If m | | eded, atta | If two married people a ch another sheet to this n. | | | | |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | | s Debtor 2 live i | n a separ | ate household? | | | | |
| | | | st filo Offici | al Form 106J-2, <i>Expense</i> | on for Congrete House | shold of Do | obtor 2 | |
| 2. | | e dependents? | | ai Foiiii 1005-2, <i>Expense</i> | s for Separate Flouse | stiola of De | :DIOI 2. | |
| ۷. | Do not list De Debtor 2. | • | □ No ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Son | | 9 | □ No ■ Yes |
| | | | | | Daughter | | 10 | □ No ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| 3. | expenses of | penses include f people other the d your depende | han 👝 | No Yes | | | | _ |
| Est | imate your ex | | our bankr | uptcy filing date unless | | | | Chapter 13 case to report to of the form and fill in the |
| the | | n assistance and | | government assistance luded it on <i>Schedule I:</i> | | | Your ex | xpenses |
| 4. | | or home owners | | ses for your residence. r lot. | Include first mortgag | e 4. | \$ | 1,355.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | • | rty, homeowner's | | 's insurance ıpkeep expenses | | 4b. 4c. | : | 0.00 |
| | | owner's associat | | | | 40. 4d. | · | 30.00 8.33 |
| 5. | Additional r | nortgage payme | ents for vo | our residence, such as he | ome equity loans | 5. | \$ | 0.00 |

| Debtor 1 Mich | ael E. Duval | Case number (if I | known) 22 | -11715 |
|---------------|--|--------------------|-------------------|---------------------|
| 6. Utilities: | | | | |
| | ricity, heat, natural gas | 6a. \$ | | 200.00 |
| 6b. Water | r, sewer, garbage collection | 6b. \$ | | 90.00 |
| | hone, cell phone, Internet, satellite, and cable services | 6c. \$ | | 110.00 |
| 6d. Other | . Specify: | 6d. \$ | | 0.00 |
| | nousekeeping supplies | 7. \$ [_] | | 500.00 |
| | and children's education costs | 8. \$ | | 0.00 |
| | aundry, and dry cleaning | 9. \$ | | 30.00 |
| • | are products and services | 10. \$ | | 10.00 |
| | d dental expenses | 11. \$ | | 20.00 |
| | tion. Include gas, maintenance, bus or train fare. | π. Ψ | | 20.00 |
| | de car payments. | 12. \$ | | 200.00 |
| | ent, clubs, recreation, newspapers, magazines, and books | 13. \$ | | 100.00 |
| | contributions and religious donations | 14. \$ | | 0.00 |
| . Insurance. | oonanbations and rengious defications | ιτ. ψ | | 0.00 |
| | de insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life in | , , , | 15a. \$ | | 0.00 |
| 15b. Healt | | 15b. \$ | | 0.00 |
| | ele insurance | 15c. \$ | | 90.00 |
| | insurance. Specify: | 15d. \$ | | 0.00 |
| | • • | 13u. | | 0.00 |
| Specify: | not include taxes deducted from your pay or included in lines 4 or 20. | 16. \$ | | 0.00 |
| | or lease payments: | 10. ψ | | 0.00 |
| | ayments for Vehicle 1 | 17a. \$ | | 443.00 |
| • | ayments for Vehicle 2 | 17b. \$ | | 0.00 |
| 17b. Oai p | | 176. ψ | | |
| | | 176. \$ _ | | 0.00 |
| 17d. Other | · · · · · · <u></u> | | | 0.00 |
| | ents of alimony, maintenance, and support that you did not report as rom your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | | | 1,500.00 |
| | nents you make to support others who do not live with you. | \$ | | 0.00 |
| Specify: | icina you make to support outers who do not live with you. | 19. | | 0.00 |
| | property expenses not included in lines 4 or 5 of this form or on Sch | | come | |
| | gages on other property | 20a. \$ | Jonne. | 0.00 |
| | estate taxes | 20b. \$ | | 0.00 |
| | erty, homeowner's, or renter's insurance | 20c. \$ | | 0.00 |
| | | · <u> </u> | | |
| | enance, repair, and upkeep expenses | 20d. \$ | | 0.00 |
| | eowner's association or condominium dues | 20e. \$ | | 0.00 |
| . Other: Spec | cify: | 21+\$ | | 0.00 |
| Calculate v | our monthly expenses | | | |
| - | es 4 through 21. | \$ | | 4,686.33 |
| | ine 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | | 4,000.00 |
| | | ' - | | 4.000.00 |
| 22c. Add lin | e 22a and 22b. The result is your monthly expenses. | \$_ | | 4,686.33 |
| . Calculate v | our monthly net income. | | | |
| • | line 12 (your combined monthly income) from Schedule I. | 23a. \$ | | 4,696.60 |
| | your monthly expenses from line 22c above. | 23b\$ | | 4,686.33 |
| 200. Обру | youy oxponoco nom mo zzo abovo. | 200. Ψ_ | | 7,000.33 |
| 23c. Subtr | act your monthly expenses from your monthly income. | | | |
| | esult is your <i>monthly net income</i> . | 23c. \$ | | 10.27 |
| | , , | | | |
| 4. Do you exp | ect an increase or decrease in your expenses within the year after y | ou file this form | ? | |
| | do you expect to finish paying for your car loan within the year or do you expect you | ır mortgage paymer | nt to increase or | decrease because of |
| | o the terms of your mortgage? | | | |
| ■ No. | | | | |
| ☐ Yes. | Explain here: | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|-------------------------------------|--|--------------------------|---------------------------|-------------------------|---|
| Debtor 1 | Michael E. Duval | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | | |
| Case number | 22-11715 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official For | m 106Dec | | | | |
| | - | n Individual | Debtor's So | chedules | 12/15 |
| obtaining mone years, or both. 1 | y or property by fraud ir 18 U.S.C. §§ 152, 1341, 1 | n connection with a bank | | | ment, concealing property, or 0, or imprisonment for up to 20 |
| Sig | n Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | rney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules file | ed with this declaratio | n and |
| X /s/ Mic | chael E. Duval | | X | | |
| | el E. Duval ire of Debtor 1 | | Signature of | f Debtor 2 | |

Date July 21, 2022

Date ____

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| Fill in | this inforr | nation to identify you | r case: | | | |
|------------------|--------------------|---|--|---|--|---|
| Debto | | Michael E. Duva | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto (Spouse | r 2 if, filing) | First Name | Middle Name | Last Name | | |
| | | nkruptcy Court for the: | NORTHERN DISTRICT (| NE MISSISSIDDI | | |
| Office | i States Da | inkruptcy Court for the. | NORTHERN DISTRICT | DE MISSISSIFFI | | |
| Case (if known | | 22-11715 | | | | Check if this is an amended filing |
| Stat | ement | | Affairs for Individ | | | 04/2 |
| nform | ation. If m | | attach a separate sheet to | | equally responsible for sup y additional pages, write you | |
| Part 1 | Give I | Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. W | hat is you | r current marital statu | ıs? | | | |
| | Married Not ma | | | | | |
| 2. D | uring the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | No Yes. Lis | st all of the places you I | ived in the last 3 years. Do no | ot include where you live now | 1. | |
| C | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territor ico, Texas, Washington and V | |
| | No Yes. Ma | ake sure you fill out <i>Scl</i> | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Expla | in the Sources of You | r Income | | | |
| Fi | II in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$36,500.91 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Debtor 1 Michael E. Duval Case number (if known) 22-11715

| | | | | | Debtor 1 | | | | | Debtor 2 | | |
|----|-------------|---------------------------|---------------------------------|---|--|--|---------------------|---|-----------------|--|--------------------------|---|
| | | | | | | of income that apply. | (be | oss income fore deductions and clusions) | k | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) |
| | | | dar year: December : | 31, 2021) | ■ Wages bonuses, | s, commissions, tips | | \$75,817.00 | 0 | ☐ Wages, components, tips | missions, | |
| | | | | | ☐ Opera | ting a business | | | | Operating a b | ousiness | |
| | | | | | ☐ Wages bonuses, | s, commissions, tips | | \$-226.00 | 0 | ☐ Wages, components, tips | missions, | |
| | | | | | ■ Opera | ting a business | | | | ☐ Operating a b | ousiness | |
| | | | dar year bei December | | ■ Wages bonuses, | s, commissions, tips | | \$64,000.00 | 0 | ☐ Wages, components bonuses, tips | missions, | |
| | | | | | ☐ Opera | ting a business | | | | ☐ Operating a b | ousiness | |
| | and winr | other nings. each s | public benef If you are fili | it payments; ng a joint cas he gross inco | pensions; r e and you l | ental income; inte have income that | rest; di you red | | lecte it onl | d from lawsuits; r ly once under De | oyalties; and btor 1. | curity, unemployment, I gambling and lottery |
| | | | | | Debtor 1 Sources Describe | of income below. | eac (be | oss income from th source fore deductions and dusions) | d | Debtor 2 Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Pa | rt 3: | List | Certain Pa | yments You | Made Befo | ore You Filed for | | , | | | | |
| 6. | Are | either No. | Neither De | ebtor 1 nor Dorimarily for a | ebtor 2 ha personal, f | amily, or househo | umer o | lebts. Consumer de | | | | (8) as "incurred by an |
| | | | □ No. | Go to line 7 | - | Tor barikruptcy, u | ia you | pay any creditor a to | otal c | η φ <i>τ</i> ,373 οι πιοι | C : | |
| | | | ☐ Yes | List below e paid that cre not include | each credito editor. Do n payments t | ot include paymer o an attorney for t | nts for his bar | | bligat | tions, such as chi | ld support ar | e total amount you nd alimony. Also, do |
| | | Yes. | | | | e primarily consu | | l ebts. pay any creditor a to | otal c | of \$600 or more? | | |
| | | | ■ No. | Go to line 7 | | | | | | | | |
| | | | ☐ Yes | | ments for d | omestic support o | | al of \$600 or more a | | | | creditor. Do not noclude payments to an |
| | Cre | editor' | s Name and | d Address | | Dates of payme | ent | Total amount paid | | Amount you still owe | Was this p | ayment for |

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Debtor 1 Michael E. Duval Case number (if known) 22-11715

| 7. | Within 1 year before you filed for bankrupt. Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No | artners; relatives of any ge control, or owner of 20% | neral partners; partners partners or more of their votin | erships of which yog g securities; and a | ou are a genera any managing a | al partner; corporations gent, including one for |
|-----|--|--|--|---|-----------------------------------|---|
| | Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | yments or transfer a | any property on a | account of a de | ebt that benefited an |
| | No | | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupte. List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. | N. | | | | |
| | Creditor Name and Address | Describe the Property | | Date | • | Value of the property |
| | | Explain what happene | ed | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becomes No Yes. Fill in the details. | | cluding a bank or fi | nancial institutio | n, set off any a | mounts from your |
| | Creditor Name and Address | Describe the action th | e creditor took | Date take | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | ion of an assign | ee for the bene | efit of creditors, a |
| Pa | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | etcy, did you give any gif | ts with a total value | of more than \$6 | 00 per person? | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | S | Date the g | es you gave gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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Case number (if known) 22-11715

| 14. | Within 2 years before you filed for banki | ruptcy, did you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? |
|-----|--|--|------------------------------|---------------------------|
| | No Yes. Fill in the details for each gift or o | contribution | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total Describe what you contributed | Dates you contributed | Value |
| Pai | rt 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending | Date of your loss | Value of property lost |
| | rt 7: List Certain Payments or Transfer | insurance claims on line 33 of Schedule A/B: Property. | | |
| | □ No ■ Yes. Fill in the details. Person Who Was Paid Address | preparers, or credit counseling agencies for services require Description and value of any property transferred | Date payment or transfer was | Amount of payment |
| | Email or website address Person Who Made the Payment, if Not | You | made | |
| | U.S. Bankruptcy Court North Dist. MS 703 MS-145 Aberdeen, MS 39730 | of | | \$338.00 |
| | Access Credit Counselling | | | \$18.95 |
| | cinlegal | Credit Report | | \$37.00 |
| 17. | | uptcy, did you or anyone else acting on your behalf pay editors or to make payments to your creditors? at you listed on line 16. | or transfer any prope | erty to anyone who |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid | Description and value of any property | Date payment | Amount of |

transferred

payment

or transfer was

made

Address

Debtor 1 Michael E. Duval

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Debtor 1 Michael E. Duval Case number (if known) 22-11715

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
|--|--|--|---------------------------|---|-------------------|---|--|--|
| | Person Who Received Transfer Address | Description and v property transfer | | Describe any p payments rece paid in exchan | ived or debts | Date transfer was made | | |
| 19. | Person's relationship to you Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details. | | y property to a se | elf-settled trust or | similar device of | which you are a | | |
| | Name of trust | Description and v | alue of the prope | erty transferred | | Date Transfer was made | | |
| Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in bank houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | • | | | |
| | ☐ Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | t or Date acciosed, moved, transfer | or | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details. | ear before you filed for | bankruptcy, any | safe deposit box | or other deposito | ory for securities, | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the conte | ents | Do you still have it? | | |
| 22. Have you stored property in a storage unit or place o No Yes. Fill in the details. | | or place other than your | home within 1 ye | ear before you file | ed for bankruptcy | ? | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | escribe the conte | ents | Do you still have it? | | |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | | | |
| 23. | Do you hold or control any property that sor for someone. No Yes. Fill in the details. | meone else owns? Incl | ude any property | you borrowed fro | m, are storing fo | r, or hold in trust | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the prope | erty | Value | | |
| Par | rt 10: Give Details About Environmental Info | , | | | | | | |
| For | the purpose of Part 10, the following definition | ons apply: | | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Michael E. Duval Case number (if known) 22-11715

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below.

Part 12: Sign Below

(Number, Street, City, State and ZIP Code)

Date Issued

Name Address Case 22-11715-JDW Doc 7 Filed 07/21/22 Entered 07/21/22 12:50:12 Desc Main Document Page 30 of 37

Debtor 1 Michael E. Duval

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael E. Duval

Michael E. Duval

Signature of Debtor 2

Signature of Debtor 1

Date

July 21, 2022

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this info | ormation to identify your | case: | | |
|---------------------|---------------------------|-------------------|----------------|--------------------------------------|
| Debtor 1 | Michael E. Duval | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | 22-11715 | | | |
| (if known) | - | | | ☐ Check if this is at amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's Cardinal Finance Co/Dovenmuehle name: Mtg | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 9862 Victor Drive Olive Branch, MS 38654 DeSoto County | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |
| Creditor's Navy FCU name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of 2015 Ford F-150 113000 miles property securing debt: | Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]: | ■ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debt | or 1 Michael E. Duval | Case number (if known) | 22-11715 |
|---------------|--|-------------------------------|------------------------------|
| | | | |
| | or's name: | | □ No |
| Prop | cription of leased erty: | | ☐ Yes |
| | or's name: cription of leased | | □ No |
| Prop | | | ☐ Yes |
| | or's name: cription of leased | | □ No |
| Prop | | | ☐ Yes |
| | or's name: cription of leased | | □ No |
| Prop | | | ☐ Yes |
| | or's name: cription of leased | | □ No |
| Prop | | | ☐ Yes |
| | or's name: cription of leased | | □ No |
| Prop | | | ☐ Yes |
| | or's name: cription of leased | | □ No |
| Prop | | | ☐ Yes |
| Part : | 3: Sign Below | | |
| Unde prope | er penalty of perjury, I declare that I have indicated my intention about any perty that is subject to an unexpired lease. | roperty of my estate that sec | ures a debt and any personal |
| | /s/ Michael E. Duval X | | |
| | Michael E. Duval Signature of Debtor 1 | rure of Debtor 2 | |
| | Date July 21, 2022 Date | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| _ | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 22-11715-JDW Doc 7 Filed 07/21/22 Entered 07/21/22 12:50:12 Desc Main Document Page 37 of 37

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Mississippi

| In r | e Michael E. Duval | | Case No. | 22-11715 | | |
|------|--|--|--|------------------------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | NEY FOR DE | BTOR(S) | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept | | \$ | 900.00 | | |
| | Prior to the filing of this statement I have received | | \$ | 0.00 | | |
| | Balance Due | | | 900.00 | | |
| 2. | \$338.00 of the filing fee has been paid. | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | |
| | ☐ Debtor ☐ Other (specify): MetLi | ife Legal Plan | | | | |
| 5. | ■ I have not agreed to share the above-disclosed com | pensation with any other person u | ınless they are memb | pers and associates of my law firm | | |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to r | ender legal service for all aspects | of the bankruptcy ca | ase, including: | | |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on home | tement of affairs and plan which tors and confirmation hearing, an reduce to market value; exe ons as needed; preparation | may be required; d any adjourned hear mption planning; | ings thereof; | | |
| 7. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding. | | | es, relief from stay actions or | | |
| | | CERTIFICATION | | | | |
| this | I certify that the foregoing is a complete statement of an bankruptcy proceeding. | ny agreement or arrangement for | payment to me for re | presentation of the debtor(s) in | | |
| | July 21, 2022 | /s/ Kevin F. O'Brie | n | | | |
| Date | | Kevin F. O'Brien | /ISB#10731 | | | |
| | | Signature of Attorney O'Brien Law Firm | | | | |
| | | 1890 Goodman R | | | | |
| | | Suite 201 Southaven, MS 38 | 671 | | | |
| | | 662-349-3339 Fax | | | | |
| | | bankruptcy@obri | enfirm.com | | | |
| | | Name of law firm | | | | |